

Results: Ten patients underwent transplantation; donors were predominantly female (9/10, mean age 47.8 years) and recipients predominantly male (8/10, mean age 33.1 years). All donors were first-degree relatives except one. At 6 months, both patient and graft survival were 100%. At 1 year, patient survival remained 100% while graft survival was 80%. One patient died within 2 years after graft failure at 6 months due to tuberculosis-related arteritis and transplant renal artery thrombosis. Another had graft loss from recurrent focal segmental glomerulosclerosis and resumed hemodialysis. The remaining 8 recipients maintained stable graft function with mean serum creatinine of 120 $\mu\text{mol/L}$ postoperatively, 121.2 $\mu\text{mol/L}$ at 6 months, and 113.4 $\mu\text{mol/L}$ at 12 months. Hb improved to 13.62 g/dL at 6 months and 12.5 g/dL at 12 months.

Conclusion: In this study, we found that donors were predominantly female and recipients were predominantly male. Patient survival was 100% at 6 months and at 1 year. Graft survival was 100% at 6 months and 80% at 1 year, aligning with international standards.

OP 13

An Audit on the Knowledge, Documentation and monitoring Practices of Peripheral Venous Cannulation in a single paediatric ward at Teaching Hospital Jaffna.

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Introduction: Peripheral venous cannulation (PVC) is a common but risk-prone procedure. Documentation is vital for patient safety and legal accountability. This audit aimed to evaluate paediatric ward staff & knowledge and documentation practices related to PVC to identify gaps and implement necessary improvements.

Design, Setting & Methods: This audit assessed knowledge & attitude on documentation through an international standard content validated questionnaire and retrospectively reviewed 79 patient Bed Head Tickets (BHTs) for written evidence. In addition, direct observation was done on 22 patients and their corresponding BHTs for documentation on PVC during a single admission day. Interventions included introducing two rubber stamps, first for PVC insertion & removal and second for daily review, along with a training session. A re-audit was conducted four months later (two months after the departure of the principal investigator from the unit in order to minimize the Hawthorne effect.). Data were analysed in Excel, and participants were instructed on sustaining the process. Limitations include small sample size and being restricted to a single unit.

Results : A total of 20 staff participated in the audit: 60% (n=12) were nurses and 40% (n=8) were doctors. The knowledge assessment component of the questionnaire revealed a left-skewed distribution, with a mean score of 72.1 out of 100 (SD = 15.6). Nearly 85% of participants acknowledged the importance of documentation but none of them documented the cannulation events in BHTs. Initial retrospective analysis of BHTs confirmed that no documentation regarding cannulation. However, direct observation revealed that 77% (17/22) of patients had received peripheral venous cannulation (PVC), with only 23% having the doctor's prescription for the PVC. Additionally, 5% of the patients developed complications related to the PVC. The re-audit demonstrated a statistically significant improvement in all documentation related to PVC ($P < 0.001$). While overall rate of PVC insertion showed a downward trend, the change was not statistically significant ($P = 0.221$).

Conclusion : Audit interventions significantly improved documentation and prescribing practices. Institutional adoption of this monitoring approach is recommended.